PATENT APPLICATIVE FEE DETERMINATION RECORD Effective October 1, 2000

Application or Docket Number

09/856916

CLAIMS AS FILED - PART I													
(Column 1) (Column 2)								SMALL ENTITY TYPE				R THAN	
TOTAL CLAIMS			, , , , , ,	<u></u>		unin 2/	_	RATE		OR		ENTITY	
FOR			NUMBER	NUMBER FILED		NUMBER EXTRA		SIC FEI	FEE	-	RATE BASIC FEE	FEE SUD	
TOTAL CHARGEABLE CLAIMS			9 m	9 minus 20= *		•			}			1000	
INDEPENDENT CLAIMS			\ minus 3 = *		-			(\$ 9= 	<u> </u>	OR	X\$18=	<u> </u>	
MULTIPLE DEPENDENT CLAIM PI			<u> </u>	iiius 5 =				(40= ———		OR	X80=		
L		· · · · · · · · · · · · · · · · · · ·		ero enter	· "O" in	"0" in column 2		135=		OR	+270=	\	
* If the difference in column 1 is less t							TO	DTAL		OR	TOTAL	860	
B	CLAIMS AS AMENDED - PART II (Column 2) (Column 3) CLAIMS HIGHEST						SI	MALL	ENTITY	OR	OTHER SMALL		
AMENDMENTO		REMAINING AFTER AMENDMENT		HIGH NUMI PREVICE PAID	BER	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total Independent	· 9	Minus Minus	" d	$\frac{D}{a}$	= /	X	\$ 9=		OR	X\$18=		
8	FIRST PRESI		1	CLAIM	1 / 1	×	40=		OR	X80=			
								35=		OR	+270=		
	•	•						TOTAL T. FEE		OR ,	TOTAL ADDIT. FEE		
		(Column 1)		(Colum	nn 2)	(Column 3)		,					
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA	RA	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**	-	=	X\$	9=		OR	X\$18=		
	Independent	•	Minus	•••		=	X	0=		1 F	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-		·	OR	700=		
								35=		OR	+270=		
•	. 9						T ADDIT	OTAL FEE		OR A	TOTAL DDIT. FEE		
		(Column 1) CLAIMS		(Colum		(Column 3)					•		
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	ER JSLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL	
	Total		Minus	**		=	X\$	9=		OR	X\$18=	FEE	
AME	Independent	•	Minus	***		=	X4			· -			
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	ENDENT (CLAIM					OR L	X80=		
* If the entry.in column 1 is less than the entry in column 2, write "0" in column 3.							+13	i.		OR	+270=		
•••	the Highest Nu	ADDIT.			OR AC	TOTAL DIT. FEE							
		ber Previously Paid	~ (Livial of	nahaudau	in is me	ingnest number	iouna in t	ne appr	opnate box	in colun	nn 1.	1	